

Bloomfield Hospital Annual Report on the use of Physical Restraint in the Approved Centre.

1. The National Context and the role of Mental Health Commission

The combined numbers of restrictive practices in Irish mental health centres have decreased by almost 50% over the past five years, a new report on 17 December 2024 by the Mental Health Commission (MHC) has confirmed.

Entitled '*The Use of Restrictive Practices in Approved Centres*', the report documents the use of seclusion and restraint across 66 inpatient mental health centres across the country in 2023. It is the fifteenth such publication by the MHC and forms part of its remit to report independently on the quality and safety of mental health services in the State.

The report shows that total restrictive practices in approved centres decreased by 48.61% over the five years from 2019 (6,747 episodes) to 2023 (3,467 episodes). As part of this general decline, it demonstrates that there has been a marked reduction in these types of restraint over the past 12 months since the introduction of new rules by the MHC in January 2023.

When presented with the report, Minister for Mental Health and Older People, Mary Butler, said:

"I welcome this positive report from the Mental Health Commission. It confirms that there has been a move away from restrictive practices, which is an important recommendation of our national mental health policy, Sharing the Vision. It is encouraging to see that there has been a downward trend over the last number of years in the use of restrictive practices, in line with the Mental Health Commission's Reduction Strategy. I am particularly heartened that a human rights approach is being embraced and adopted by staff in mental health services."

The Chairperson of the Mental Health Commission, John Hillery, said: *"The continuing fall in the use of restrictive practices shows the symbiotic effect of robust regulation and motivated mental health service staff in promoting the evolution of human rights-based inpatient services for vulnerable patients in Ireland."*

The Chief Executive of the Mental Health Commission, John Farrelly, said:

"From 2008 to 2018, episodes of physical restraint and the number of residents that were being physically restrained increased year-on-year," he said. "It is, therefore, encouraging to note that our work with service providers over the past five years has helped reduce episodes of physical restraint, and the number of residents that are physically restrained. "It is clear from our work with them that this generation of clinicians are determined to ensure that everyone has a therapeutic encounter if or when they enter our mental health services, and that the use of coercion is not part of that culture."

The Director of Regulation at the Mental Health Commission, Gary Kiernan, said: *“The continuing decreases in restrictive practices are significant and indicate important, sustained human rights-informed progress in the way acute mental health services in Ireland are operated.”*

The 2023 Restrictive Practices activity report:

One of the core elements of the mission of the MHC is to report independently on the quality and safety of mental health services in Ireland. Certain restrictive practices are regulated by the Mental Health Act 2001 through statutory Rules and Codes of Practice. This is the fifteenth report by the MHC on the use of seclusion, mechanical means of bodily restraint and physical restraint in approved centres.

Key Findings:

- In 2023, there were a total of 3,467 restrictive practices recorded nationally (excluding mechanical restraint). This represented a decrease from 2022, where there was a total of 4,309 episodes.
- There were 2,572 episodes of physical restraint reported in 2023 involving 879 people, a decrease from 2,945 episodes involving 1,078 people in 2022.
- The number of episodes of seclusion decreased from 1,364 in 2022 to 895 in 2023 (representing a 34% reduction), while the number of residents who were secluded decreased from 620 people in 2022 to 473 in 2023 (a 24% reduction).
- There were approximately nine reported incidents of mechanical restraint in 2023, again a decrease from 2022.

The use of mechanical restraint continues to be rare.

Restrictive Practices: This includes the use of mechanical means of bodily restraint to prevent immediate threat to self or others, physical restraint and seclusion.

Definition of Seclusion: The placing or leaving of a person in any room at any time, day or night, such that the person is prevented from leaving the room by any means.

Definition of Mechanical Restraint: The use of devices or bodily garments for the purpose of preventing or limiting the free movement of a patient’s body.

Definition of Physical Restraint: The use of physical force (by one or more persons) for the purpose of preventing the free movement of a person’s body when the person poses an immediate threat of serious harm to self or others.

2. Introduction to the Bloomfield Hospital Annual Report on the use Physical Restraint

Pursuant to Part 3: Use of Physical Restraint, section 7.7 of the code of Practice on the use of Physical Restraint Bloomfield Hospital has compiled this annual report on the use of Physical Restraint in the Approved Centre.

At Bloomfield Hospital we focus on the aim of reducing restrictive practices, designing prescriptions and “*best practices*” and gathering statistics on the use of seclusion and restraint which progressive, proactive initiatives, however we fully appreciate that it is not the same as setting out to eliminate these practices. It is only the latter which will ensure systemic change leading to a human-rights based mental health system. Bloomfield Hospital is on a focused journey to reduce considerably and to ultimately eliminate restrictive practices.

3. Best Practice and an evidenced based approach

Bloomfield Hospital is committed and actively working on full compliance with the Code of Practice on the Use of Physical Restraint (MHC: 2022).

Bloomfield Hospital is encouraged by the work of MHC with service providers over the past five years which has helped reduce episodes of physical restraint, and the number of residents that are physically restrained. *“It is clear from our work with them that this generation of clinicians are determined to ensure that everyone has a therapeutic encounter if or when they enter our mental health services, and that the use of coercion is not part of that culture.”*

We are also cognisant of World Health Organisation’s “*Guidance on community mental health services: promoting person-centred and rights-based approaches*” which affirms that mental health care must be grounded in a human rights-based approach, as recommended by the WHO Comprehensive Mental Health Action Plan 2020-2030 endorsed by the World Health Assembly in May 2021. In addition, we have utilised some relevant resources from Mental Health Europe and in particular findings and recommendations in the report titled *Promising practices in prevention, reduction and elimination of coercion across Europe*. The findings of this report examine best practice and innovative approaches across Europe which are helpful and also correspond with other recent observations about coercion and restraint in mental health ¹ and observed, perceptions of involuntary treatment or restraint are overwhelmingly traumatic ² and can be grouped in four categories:

- negative psychological impact,
- re-traumatisation,
- perceptions of unethical practices,

¹ Service user perspectives on coercion and restraint in mental health - Diana Rose ,Emma Perry, Sarah Rae, and Naomi Good- 2017

² Perspectives on the experience of being physically restrained: An integrative review of the qualitative literature- Tania D. Strout- 2010

- and broken spirit.

There can be several reasons why present psychiatric practices should be reconsidered and changed, but the voices of those who experienced involuntary treatment should be integral part of any debate.

4. Statement about the effectiveness of Bloomfield Hospital's actions to eliminate, where possible, and reduce physical restraint.

There are a number of approaches and initiatives that Bloomfield Hospital has utilised to reduce and eliminate where possible the use of physical restraint and to outline the effectiveness of our actions to eliminate, where possible and reduce physical restraint.

Monitoring and data collection. We are continuously collecting and monitoring data on the use of restrictive practice and jointly reviewing incidents to see what can be learned. We are routinely recording all data on the use of restrictive practice and immediate analysis after an incident. The data and findings are presented to the hospital clinical governance committee.

Review of DATA

Physical Restraints Statistics 2024	
	Total
Owendoher	0
Laurel Hill	0
Donnybrook	0
Kilakee	4
Kylemore	0
TOTAL:	4

From the data the following observations are made. There were three (2) residents who were restrained. Three of the restraints relate to one resident. All residents were treated with dignity and respect, in general the restraint was the safest and least restrictive option of last resort to manage the immediate situation, be proportionate to the assessed risk and employed for the shortest time possible.

In 2023 there were three (3) residents who were restrained with a total number of restraints of 20.

The 2024 statistics represent an 80% reduction in the amount of restraints. This statistic is better than the national average of a 50% reduction in restraints in approved centres as recorded by the MHC report on ***“The Use of restrictive Practices in Approved Centres”***, December 2024.

Focusing on our residents. A key strategy is focusing on the will and preferences of residents, devoting more time and involving staff and peers in initiatives. Devoting time to improving communication with residents in the context of their families and social experiences. Resident

involvement: meaningfully involve residents (and relatives if relevant) in all levels of the programme to reduce restrictive practices. Developing a deeper understanding of residents in order to see their experiences in a trauma-informed, empathetic manner, and working together to build resilience. We are hopefully developing a cooperative culture, rather than a restrictive culture, to reduce incidents of aggression, self-harm and physical intervention. Preventing residents from experiencing boredom by introducing more leisure activities. Focusing on strengths of residents and utilising those strengths to develop harmonious communities within Bloomfield Hospital and show casing those talents and strengths at community meetings.

Training. We train staff members in conflict resolution, de-escalation techniques, trauma-informed care, recovery, therapeutic relationships, etc. We are continuously developing training programmes in collaboration with residents and promoting training in de-escalation techniques. We are training trainers to become experts in de-escalation techniques, we have trained and continue to develop our inhouse TMVA trainers particularly in relation to breakaway and de-escalation techniques.

Staff Training in relation to Restraint			
Type	Number of staff Trained	Number of staff to train	Completion %
TMVA Breakaway	205	209	98%
TMVA Restraint	153	162	94%
Becoming Trauma Aware	153	170	90%

Post-incident analysis: We regularly analyse what happened immediately after an incident and then 48 hours later with all staff members, resident and family members (if required).

Improving physical environments. Creating a pleasant and relaxing, fresh and modern facility and environment that is conducive to contentment.

Leadership: Having a senior manager take the lead on implementing a policy to reduce coercion and introduce the required organisational changes and full involvement, commitment and support of the Chief Executive, Clinical Director and Senior Management.

5. Statement about Bloomfield Hospital's compliance with the code of practice

Bloomfield Hospital's values, which embraces our Quaker ethos to strive for justice, provide quality care and enable our residents to live their life to the fullest in conjunction with Bloomfield Hospital's policies, and the Code of Practice for Physical Restraint (Mental Health Commission), ensures that we promote residents' right to be free from restraint, balanced with protecting the safety of service users, staff and visitors.

Bloomfield Hospital adopts a holistic multidisciplinary approach that is grounded in evidence-based assessment and treatment, the recovery model, trauma-informed care and human rights. Bloomfield Hospital aims to reduce or, where possible, eliminate the use of physical restraint within its approved centre.

Bloomfield Hospital promotes in policy, procedures and practice, that the use of physical restraint should only be used as a last resort, in rare and exceptional circumstances, after all alternatives have been considered and risk assessed and only in the best interests of the resident when he or she poses an immediate threat of serious harm to self or others.

Bloomfield Hospital has designated in policy specific responsibilities for adherence to the code of practice from the Chief Executive, Clinical Director, Director of Nursing, MDTs, Nursing Management and Staff and AHPs.

We as an organisation continually review our Physical Restraint Reduction plan using evidence-based practice to guide our clinical objectives meeting initially 6 months then annually.

At Bloomfield Hospital we continue to train all clinical staff annually in the Therapeutic Management of Violence and Aggression (TMVA).

MDTs at Bloomfield Hospital have diligently adhered to the orders for physical restraint and confirm that there were no other less restrictive ways available to manage the resident's presentation. The requirement and timeline for medical examination are adhered to as is the time limits for the restraint.

All other matters in relation to the recording, signing, informing and notification to MHC are strictly observed. All staff are effectively trained and are competent to ensure that matters relating to the dignity and safety of the resident are strictly observed in accordance with the code of practice.

The use of physical restraint will conclude as soon as it is safe to do so. It may be ended at any time (within the maximum 10-minute time frame) from when the restraint was ordered. The restraint can be ended by the team member leading the restraint team.

At Bloomfield Hospital it is mandatory that an *in-person focused debrief* is offered to the resident who was restrained. The focused debrief must occur within two working days (i.e. days other than Saturday/Sunday and bank holidays) of the episode of restraint unless it is the preference of the resident who was restrained to have the debrief outside of this timeframe. The focused debrief must follow every episode of restraint. This focused debrief is person-centred: i.e. it gives the resident the opportunity to discuss the restraint with members of the multidisciplinary team involved in the resident's care and treatment. A focused MDT review with the resident occurs post restraint no later than 5 working days from the date of the physical restraint.

All uses of physical restraint are clearly recorded in the resident's clinical file by the registered medical practitioners or registered nurse who ordered the restraint. All uses of physical restraint are clearly recorded on the *Clinical Practice Form for Physical Restraint* (Appendix 1 to Code of Practice on the use of restraint- MHC 2022) in accordance with Provision 5.7 by the person who ordered the physical restraint. The completed form is uploaded to the CIS system within 3 working days to notify the Mental Health Commission that a restraint has taken place. The original form is placed in the resident's clinical file by the staff nurse in charge of the unit. This copy is available to the Inspector of Mental Health Commission and/or the Mental Health Commission on request.

Bloomfield Hospital is substantially compliant with the code of practice on the use of physical restraint. Two Clinical Practice forms submitted by Bloomfield Hospital to the MHC did not provide sufficient evidence on the form that there was an immediate threat of serious harm to self or others.

Each quarter and annually, an analysis of all data related to episodes of aggression and violence, including episodes of physical restraint, is completed and considered by the Clinical Governance Committee. These analyses inform the continuous process of risk assessment.

As a quality initiative Bloomfield Hospital is developing formal assessments utilising the Dynamic Appraisal of Situational Aggression (DASA).

6. Statement about Bloomfield Hospital Compliance with our own reduction strategy and policy

Bloomfield Hospital is closely monitoring its reduction strategy and policy to measure our level of compliance and adherence.

The use of data to inform practice: The Clinical Governance Committee considers all data in relation to all episodes of physical restraint on a quarterly and annual basis to ensure compliance with relevant legislative requirements, to identify opportunities for advancement, and to advance opportunities to enhance the safety of the clinical environment for service users, staff and visitors.

Specific reduction tools in use. Bloomfield Hospital employs, and views, the following as essential tools to reduce or, where possible, to eliminate, the use of physical restraint within its approved centre: We are adhering to the following areas in a progressive and diligent fashion.

- Staff recruitment
- Staff retention
- Skill mix and staffing levels
- Staff undergraduate training
- Multidisciplinary teamwork
- Communication
- Staff training in Therapeutic Management of Aggression and Violence including identification of risk, de-escalation, trauma-informed care, positive behaviour support, safe management of risk, physical restraint, and in-person debriefing
- Multidisciplinary assessment of risk prior to admission, on admission, and throughout the course of the resident's admission
- Multidisciplinary, person-centred, needs-based care planning
- Provision of evidence-based treatments to ameliorate the symptoms of ill-health that contribute to a propensity towards violence
- An approach based on trauma-informed care
- Record of care process.

Development of Staff

Bloomfield Hospital invests considerable efforts in the recruitment process to ensure staff have the appropriate levels and types of undergraduate training and professional competency to meet the assessed needs of its services.

Use of post-incident reviews to inform practice.

Staff at Bloomfield Hospital use positive behaviour support as a person-centred approach to identifying and meeting a person's support needs, in particular if the resident is distressed and at risk of harming themselves or others. Staff use this approach, in conjunction with many other approaches, to work with the service user to understand why they are distressed, the impact their environment has on them, and the best ways to keep them safe. Comprehensive, person centred, needs-based, multidisciplinary care plans are developed, where possible, with the resident.

Principles Underpinning the Reduction of Physical Restraint at Bloomfield Hospital.

We continue to strengthen our Physical Restraint Reduction Plan which embraces our Quaker ethos to strive for justice, provide quality care and enable our residents to live their life to the fullest. The Chief Executive Clinical Director, Director of Nursing and the Senior Management Team are committed to the key principles underpinning the reduction of physical restraint at Bloomfield Hospital.

We are committed to the principle that physical restraint should be used as a last resort, in rare and exceptional circumstances, after all alternatives have been considered and risk assessed and only in the best interests of the resident when he or she poses an immediate threat of serious harm to self or others. We continue to reduce, where possible, the use of restraint within the Approved Centre. We continually promote all alternative options to be considered and risk assessed to avoid the need for Physical Restraint.

The Registered Proprietor will ensure that the annual report regarding physical restraint and the restraint reduction plan is made publicly available on Bloomfield Hospital's Website.

The Registered Proprietor has appointed Cathy Shelley, Director of Nursing as the named senior manager who is responsible for the approved centre's reduction of physical restraint.

Joe Kelly

Chief Executive

14 December 2024